

Distributed by

Denise Juneau, Superintendent Montana Office of Public Instruction www.opi.mt.gov

Montana Title I Statewide System of Support School Improvement Action Plan

School District:
School Name:
Date Submitted:

Purpose: To create a "script" for your improvement effort and support implementation.

Major Goal/Outcome based on the Scholastic Review Team (SRT) findings and recommendations and the effectiveness report (list indicator from the SRT):

Goal: Timeline to reach goal:

Action Steps toward goal What will be done?	Responsibilities Who will do it?	Resources Funding/Time/People/Materials	Milestones/Assessment/Evidence By When? (Day/Month)
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
5.	5.	5.	5.

Implications for Professional Development (If any)
implications for 1 rolessional 20 veropinent (if any)
Implications for Family Involvement (If any)
Milestones Reached? (Supporting Evidence)
Modifications to the plan:
Would to the plan.